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State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

February 18, 2005

Notice to Prospective Proposers
ADDENDUM 1
Request for Proposal 05-45365
Newborn Hearing Screening Program

Addendum 1 is hereby issued against Request for Proposal (RFP) 05-45365. Please note the changes outlined below and replace all revised pages within the original RFP and its respective attachments and exhibits. All changes are noted in strike-out, bold, and underline.

RFP BODY

- Page 22 reflects changes to the Registered Nurse typical tasks and responsibilities Section. Text is continued on Page 22A [Ref. RFP, Provision J, 3, g].
- Pages 37 & 38 reflect changes to the Rating Category, specifically Project Personnel, and Stage 3 – Scoring the Cost Section [Ref. RFP, Provision L, 2, d and L, 3].
- Page 42 reflects an addition in the Project Personnel Rating factors, box 1 [Ref. RFP, Provision M, 5].

ATTACHMENT 2 – REQUIRED ATTACHMENT / CERTIFICATION CHECKLIST

- Page 1, third box from the top of the page reflects a change in the years of experience section [Ref. Attachment 2, page 1].

EXHIBIT A – SCOPE OF WORK

- Pages 10 and 11 reflect changes in the description of services [Ref. Exhibit A, Scope of Work, 9., Provision E, 3, e) and 4, d)].
- Page 17 reflects an addition in the Contractor Performance Section [Ref. Exhibit A, Scope of Work, 9., Provision J, 2, a), ix].

Thank you for your interest in DHS' service needs.

Sincerely,

ORIGINAL SIGNED BY V. DAVID BANDA

V. David Banda, Chief
Program Development Unit
Program Standards and Quality Assurance Section
Children's Medical Services Branch

Attachments

shall have at least one year of clinical experience working with children under the age of three (3) years.

Typical Duties: Responsible for providing consultation and technical assistance to CCS-approved hospitals in the Contractor's Geographic Service Area in the development, maintenance and monitoring of hearing screening programs, participates in the certification and re-certification of inpatient screening providers. Participates in quality improvement activities to assure infants receive appropriate screening, diagnostic, treatment and early intervention services as defined in the SOW. Provides professional consultation to screening, diagnostic/treatment and early intervention service providers and the HCC staff in support of appropriate and timely delivery of needed services and effective reporting, tracking and monitoring of infants in coordination with DHS staff. Participates in conference calls/meetings with the State audiologists at intervals to be determined by DHS. Serves as liaison to local CCS and CHDP programs.

Registered Nurse

Education: Bachelor of Science in Nursing (B.S.N.) degree, current license to practice nursing in California.

Experience: Experience in case management and coordination of community services, **advocating for** and in working with children and families with special health care needs. **Experience in assessment and monitoring of health and psychosocial needs of the patient and family.**

Typical Duties: Responsible for providing consultation and technical assistance to hospitals, screening providers, Local Education Agencies (LEAs), Regional Centers, and parent groups to assure the proper level of follow up **for infants with hearing loss** and care for each child; participates in the certification and re-certification of inpatient screening providers. **Works with hospitals and outpatient providers to ensure accurate and timely reporting, tracking and monitoring of infants needing follow up. Coordinates with DHS staff. Participates in quality improvement activities and monitoring of performance by providers to ensure the NHSP standards are followed.** Works closely with **and provides consultation to** the **HCC** audiologist, and other team members, **health care** and other **professionals** to assure that infants have access to **timely and** appropriate screening, diagnostic, **treatment** and early intervention services. Provides professional consultation, **education and guidance related to coordination of services** to screening, diagnostic, and treatment and early intervention service providers and **families** the HCC staff in support of effective and timely delivery of needed services and effective reporting, tracking and monitoring of infants in coordination with DHS staff. Serves as liaison to local CCS and CHDP programs. **Contributes to the development and implementation of written policies and procedures related to the HCC Scope of Work. Participates in meetings and in-service presentations offered by the HCC for the purpose of providing current information to providers on hearing loss and other information that may impact the NHSP.**

Clerical Support

Typical Duties: Provides clerical support such as answering phones; operating office equipment; making arithmetic computations; following oral and written directions; operating a personal computer and printer; and editing, formatting, and proofreading submitted raw data and information.

Parent

- 2) Is fully developed, comprehensive and has few if any weaknesses, defects or deficiencies, and/or
 - 3) Demonstrates that the proposer understands DHS' needs, the services sought, and/or the contractor's responsibilities, and/or
 - 4) Illustrates the proposer's capability to perform all services and meet all Scope of Work requirements, and/or
 - 5) If implemented, will contribute to the achievement of DHS' goals and objectives, and/or
 - 6) Demonstrates the proposer's capacity, capability and/or commitment to exceed regular service needs (i.e., enhanced features, approaches, or methods; creative or innovative business solutions).
- d. Below are the point values and weight values for each rating category that will be scored.
- 1) Proposals, excluding the Cost section, will be scored on a scale of 0 to ~~474~~ **189** points, as follows:

<u>Rating Category</u>	<u>Points</u>	<u>X</u>	<u>Weight</u>	<u>=</u>	<u>Total</u>
Executive Summary	12	X	0.5	=	6
Agency Capability	21	X	2.0	=	42
Work Plan	42	X	2.0	=	84
Management Plan	18	X	1.0	=	18
Project Personnel	18	X	4 2.0	=	48 36
Facilities and Resources	6	X	0.5	=	3
Grand Total					474 189

- 2) DHS will consider a proposal technically deficient and non-responsive if the proposal earns a score that is less than ~~403~~ **114** total points. Non-responsive proposals will not advance to Stage 3.

3. Stage 3 – Scoring the Cost Section

- a. Proposers that earned a passing score in Stage 2 will have the Cost section of their proposal scored and/or evaluated according to the process described herein.
- b. The proposal offering the lowest total cost earns ~~474~~ **189** Cost points. The remaining proposals earn cost points through the cost conversion formula shown below. Final calculations shall result in numbers rounded to two decimal places.

Lowest Cost ÷ Other Proposal Cost x ~~474~~ **189** = Cost score of the other proposal

- c. **Example for Illustration Purposes:**

Lowest price earns ~~474~~ **189** points.

\$100,000 (lowest cost) ÷ \$127,000 (another proposal cost) = .7874

$$.7874 \times 171 \text{ ~~189~~ points} = 134.64 \text{ ~~148.81~~ (Cost Section Score of another proposer)}$$

4. Stage 4 – Combining Narrative Proposal Score and Cost Section Score

DHS will combine the narrative proposal score to the final Cost section score and will tentatively identify the organization with the highest combined proposal score from each of the earlier evaluation stage(s).

5. Stage 5 – Adjustments to Score Calculations for Bidding Preferences

- a. DHS will determine which organizations, if any, are eligible to receive a bidding preference (i.e., small business, TACPA and/or EZA).
- b. To confirm the identity of the highest scored responsible proposer, DHS will adjust the total proposal costs for applicable claimed preference(s) and will readjust the Cost score of those proposers eligible for bidding preferences. DHS will apply preference adjustments to eligible proposers according to State regulations following verification of eligibility with the appropriate office of Department of General Services. More information about the allowable bidding preferences appears in the RFP section entitled, "Preference Programs."

6. Stage 6 – Final Score Calculation

DHS will use the formula shown below to calculate final proposal scores and to determine the highest scored proposal.

- a. Narrative Proposal Score X 70% = Technical Score
- b. Cost Section Score X 30% = Cost Score

- c. Technical Score
 + Cost Score
 = Total Point Score

M. Narrative Proposal Rating Factors

Raters will use the following criteria to score the narrative portion of each proposal.

1. Executive Summary

Executive Summary Rating Factors [Not to exceed three (3) pages]	Points Possible	Points Earned
To what extent did the proposer express, in its own words, its understanding of DHS' needs and the importance of this project?	3	
To what extent did the proposer demonstrate their understanding of their role in the NHSP?	3	
To what extent does it appear that the proposer has expressed their capacity to meet the contract requirements?	3	

5. Project Personnel

Project Personnel Rating Factors	Points Possible	Points Earned
Upon reviewing the proposer's staffing plan, to what extent has the proposer allocated a sufficient number of staff in the appropriate position levels or classifications <u>(e.g. audiologist, registered nurse, parent)</u> to perform the full range of services?	3	
Upon reviewing the proposer's staffing plan, to what extent has the proposer allocated ample FTEs or percentages of staff time for each position or classification?	3	
Upon reviewing the proposed salary rates or ranges and proposed duties for the proposed personnel, to what extent are the salary rates or ranges appropriate in relation to the assigned duties and level of responsibility?	3	
Upon reviewing the proposed job descriptions or duty statements for the proposed personnel, to what extent has the proposer reasonably assigned the job responsibilities and tasks among the different personnel?	3	
Upon reviewing the job descriptions and resumes of the proposed staff, to what extent do the proposed personnel possess the qualifications and expertise needed to perform the assigned duties?	3	
Upon reviewing the job description and resume of the proposed HCC Director, to what extent does the proposed person appear to possess the qualifications, past experience and expertise needed to carry out their assigned responsibilities?	3	
Project Personnel Score _____ Points earned X 1.0 2.0 = _____		

6. Facilities and Resources

Facilities and Resources Rating Factors	Points Possible	Points Earned
To what extent does the proposer appear to have access to office facilities that are sufficient to enable performance of the scope of work?	3	
To what extent does the proposer appear to have access to adequate support services and other resources that are needed to ensure successful performance?	3	
Facilities and Resources Score _____ Points earned X 0.5 = _____		

N. Bid Requirements and Information**1. Non Responsive Proposals**

In addition to any condition previously indicated in this RFP, the following occurrences **may** cause DHS to deem a proposal non-responsive.

Attachment 2**Required Attachment / Certification Checklist**

The first section lists the Qualification Requirements. The second and third sections list Proposal Content requirements.

Qualification Requirements. I certify that my firm meets the following requirements:		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization is a California local government, other public entity, or a private non-profit agency or organization.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization is either physically located in or adjacent to, and capable of serving, one or more of the NHSP Geographic Service Areas.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization possesses at least three consecutive years of experience of the various service types listed in Item 3 of the RFP section entitled, "Qualification Requirements." That experience has occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization has read and is willing to comply with all proposed terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My organization is eligible to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization has a past record of sound business integrity and a history of being responsive to past contractual obligations. My organization authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization has certified via Attachment 8 that its proposal response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous consultant services contracts that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 9). [Check N/A if your total bid is under \$10,000.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My organization will contain its indirect costs at a percentage rate not to exceed 22% of total personnel costs, including benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Proposal format and content.		Confirmed by DHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Proposal format requirements and my firm submitted one original Technical Proposal and five (5) copies. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary section (3 pages or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Project Personnel section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Facilities and Resources section	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Continued on next page)

Exhibit A
Scope of Work

- e) If the family has not presented for two (2) scheduled outpatient screening appointments or the provider has made three (3) unsuccessful attempts to contact the family, Contractor shall contact the family directly by telephone within seven (7) calendar days of receipt of this information to **facilitate** ~~scheduling~~ **of** the outpatient screening appointment **by the family**. If the family cannot be contacted by telephone within **seven** (7) calendar days, Contractor shall send a notification letter to the PCP and the family indicating that screening services are required, the family has not responded to contact efforts, and that a referral shall be made to the Child Health and Disability Prevention (CHDP) program. The letter shall be mailed within two (2) working days of the conclusion of telephone contact attempts.
- f) Concurrent with the mailing of the notification letter to the PCP and family, Contractor shall make a referral, in writing, to the local CHDP program.
- g) Contractor shall contact the CHDP program regarding the results of the CHDP follow-up efforts if no response is received within thirty (30) calendar days of the referral (See Appendix 6, CHDP Program Letter Number 99-11).
- h) On a monthly basis, Contractor shall identify infants who are two (2) months of age or older for whom outpatient screening results have not been received and shall:
 - i. Contact the outpatient screening provider and request the provider submit the results of the outpatient screen.
 - ii. If the family has not presented for two (2) scheduled outpatient screening appointments or the provider has made three (3) unsuccessful attempts to contact the family and the family has already been referred to CHDP for assistance in obtaining the outpatient screen, the Contractor shall close the case and send written notification to the family and PCP.
- 4) Contractor shall receive patient specific information and results on all infants referred for diagnostic hearing evaluations through the NHSP, and all infants under one year of age who are identified with a hearing loss by a CCS approved Communication Disorder Center.
 - a) Contractor shall receive and document results from diagnostic audiology providers on all infants referred through the NHSP and all infants under one year of age identified by a CCS approved Communication Disorder Center with a hearing loss, utilizing the Diagnostic Evaluation Reporting Form. Contractor shall communicate with the audiology provider or Communication Disorder Center to clarify and correct erroneous or incomplete reports or, when indicated by other sources of infant follow up information, to elicit infant diagnostic information and reports not previously submitted to the Contractor.
 - b) Contractor shall notify the PCP and the family of the results of the diagnostic evaluation and any recommended follow-up, in writing, within fourteen (14) calendar days of the receipt of the results.
 - c) If no results are received within fourteen (14) calendar days after a known appointment date, Contractor shall contact the diagnostic audiology provider and request the provider submit the results of the diagnostic evaluation, utilizing the Diagnostic Evaluation Reporting Form.

Exhibit A
Scope of Work

- d) If the family has not presented for two (2) scheduled diagnostic evaluation appointments or the provider has made three (3) unsuccessful attempts to contact the family, Contractor shall contact the family directly by telephone within seven (7) calendar days of receipt of this information to facilitate scheduling of the diagnostic evaluation appointment by the family. If the family cannot be contacted by telephone within seven (7) calendar days, Contractor shall send a notification letter to the PCP and the family indicating that diagnostic evaluation services are required, the family has not responded to contact efforts, and that a referral shall be made to the Child Health and Disability Prevention (CHDP) program. The letter shall be mailed within two (2) working days of the conclusion of telephone contact attempts.
- e) Concurrent with the mailing of the notification letter to the PCP and family, Contractor shall make a referral, in writing, to the local CHDP program.
- f) Contractor shall contact the CHDP program regarding the results of the CHDP follow-up efforts if no response is received within thirty (30) calendar days of the referral (See Appendix 6, CHDP Program Letter Number 99-11).
- g) On a monthly basis, Contractor shall identify infants who are three (3) months of age or older for whom diagnostic evaluation results are needed but have not been received and shall:
 - i. Contact the diagnostic audiology provider and request the provider submit the results of the diagnostic evaluation.
 - ii. If the family has not presented for two (2) scheduled diagnostic evaluation appointments or the provider has made three (3) unsuccessful attempts to contact the family and the family has already been referred to CHDP for assistance in obtaining the diagnostic evaluation, the Contractor shall close the case and send written notification to the family and PCP.
- 5) Contractor shall make direct contact with the families of infants identified with hearing loss in Contractor's geographic service area within seven (7) calendar days of receipt of the diagnostic evaluation results confirming the hearing loss.
 - a) Contractor shall confirm the child has been referred to the CCS and Early Start program. If no Early Start referral has been made, the Contractor shall provide information regarding how to contact the appropriate Early Start agency and advise the family that the Contractor will make a referral. If there has been no contact from the Early Start agency, the family shall be instructed to call the Early Start toll-free referral and information line for children diagnosed with a hearing loss. Where the status of entry into Early Start is unclear, Contractor shall communicate with the designated Early Start referral agency or appropriate local Early Start agency to attempt to confirm entry into Early Start. Contractor shall document and report to designated DHS staff within thirty (30) calendar days all cases in which Early Start eligibility has been denied
 - b) Contractor shall refer the infant to the Early Start program within two (2) working days of contact with family if a referral was not already made.

Exhibit A
Scope of Work

- a. The number and names of the facilities with which the Contractor has made site visits and has contacted and provided technical assistance and consultation, together with a narrative description summarizing the contact;
 - b. The number and names of the facilities that received site visits for certification and re-certification.
 - ii. A summary of the informational programs provided by HCC staff to organizations, agencies and providers.
 - iii. A summary of all contacts with state agencies, families, and other providers of services. The report shall summarize the nature of the contact, initiator, requests/concerns, and outcomes including any materials or information provided.
 - iv. Problems encountered with meeting contractual responsibilities involved with Section E., Activity V, of this Scope of Work. Included shall be the Contractor's strategies for resolving problems and actions taken. If there were no activities in this area, the report shall so state.
 - v. A summary of activities undertaken to provide assistance to the hospitals and the actions taken to assist the providers when hospital performance is outside the parameters identified in the Inpatient Infant Hearing Screening Provider Standards.
 - vi. A summary of identified noncompliance with the NHSP standards by certified Inpatient Infant Hearing Screening Providers including a description of the corrective action plan developed by the individual inpatient screening provider.
 - vii. A summary of the training needs of the CCS-approved hospitals with licensed perinatal services or CCS-approved NICUs in the geographic service area and how the HCC met them.
 - viii. A summary of the meetings with the directors of the certified Inpatient Infant Hearing Screening programs in its geographic service area including the issues identified and addressed and potential solutions.
 - ix. **A summary of the changes to the NHSP directors at certified Inpatient Infant Hearing Screening facilities in the geographic service area. The summary shall include the names and telephone numbers of the new NHSP directors identified during the quarter.**
- 3) The Contractor shall adapt policies and procedures provided by DHS for the operation of the HCC in support of this Scope of Work.
- a) Contractor shall provide to DHS the adapted policies and procedures for approval within twelve (12) months from the implementation of the contract for the following activities:
 - i. Certification of CCS-approved hospitals with licensed perinatal services or CCS-approved NICUs in the geographic service area.
 - ii. Re-certification of Inpatient Infant Hearing Screening Providers.
 - iii. Monitoring Inpatient Infant Hearing Screening Providers' compliance with the standards.
 - iv. Providing technical assistance and consultation.